

PTO/SB/01 (10-01)

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Attorney Dock t Numbe	JCT 002	
First Named Inventor	Trewella Jeffren S	
COMPLETE IF KNOWN		
Application Number		
Filing Date	2/25/02	
Art Unit	٠, ١	
Examiner Name		
	First Named Inventor  COMPLETE Application Number Filing Date Art Unit	

As the below name	i inventor, I he	ereby declare that						
My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the orig	I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Method	For D	de Fraying	Story	e Costs		:		
	,					,		
the specification of w	thich	(7)	tle of the Invention	on)				
is attached he								
OR				1				
was filed on (M	IM/DD/YYYY)			as United State	es Application Number	or PCT International		
Application Number		and w	as amended on (	(MM/DD/YYYY)		(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign A Number		Country		oreign Filing Dat (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached YES NO		
Additional foreign	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
				,,				

[Pag 1 of 2]



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## **DECLARATION** — Utility or Design Patent Application

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Address Innovative Solution S,		283 Hickory D	rive			
chy Kennett Square		State PA	ZIP 19348			
Country USA Te	lephone 610	347-0122	Fax 610 347-0799			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:						
Given Name (first and middle [if any])  Given Name (first and middle [if any])  Given Name (first and middle [if any])						
Inventor's Aff ( Inventor's Signature Date 2/24/						
Residence: City Kennett Square	State PA	Country	USA Citizenship			
Mailing Address /2 Innovative Solution\$, Inc. 283 Hickory Drive						
chy Kennett Square	State PA	ZIP (9348	country USA			
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this unsign	ed inventor			
Given Name (first and middle [if any])		Family Name or Surname				
inventor's Signature			Date			
Residence: City	State	Country	Citizenship			
Mailing Address						
City	State	ZIP	Country			
Additional inventors are being named on thes	upplemental Additi	onal Inventor(s) sheet(s) PTO/SB	V02A attached hereto.			